## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This I appropriate. All further condicated unless corrected	form should be used orrespondence includi I below or directed of	for transing the Pa	mitting the ISSU Hent, advance of h Block I, by (1	JE FEE and PUBLICAT rders and notification of a) specifying a new corre	ION FEE (if requi maintenance fees w spondence address;	red). Bloc vill be mai and/or (b	cks I through 5 shiled to the current ) indicating a sepa	nould be completed when correspondence address a rate "FEE ADDRESS" fo	
maintenance fee notifications.  CUBRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					e: A certificate of	mailing ca	n only be used for	r domestic mailings of the or any other accompanying it or formal drawing, must	
23696		hav	e its own certificate	of mailing	g or transmission.				
QUALCOMM INCORPORATED 5775 MOREHOUSE DR. SAN DIEGO, CA 92121					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE PEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
					(Depositor's name)				
					(Signature)				
				<u> </u>				(Date)	
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.		Y DOCKET NO.	CONFIRMATION NO.	
10/825,748	825,748 04/16/2004			Roberto Padovani	Significance	000331CI 8505			
TITLE OF INVENTION: I	METHOD AND APPA	RATUS	FOR BEAM SV	/ITCHING IN A WIRELI	ESS COMMUNICA	TION SY	STEM		
APPLN TYPE	SMALL ENTITY	TY ISSUE FEE DUE		PUBLICATION FEE DUE	PREV. PAID ISSUÉ FEE		OTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1440	\$300	\$0		\$1740	06/12/2008	
EXAMIN	ARTUNIT		CLASS-SUBCLASS	77500000			•		
JUNG, MIN 2616			2616	376-335000					
<ul> <li>Change of correspondence address or indication of "Fee Address" (3: CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ul>				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
I. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
QUALCOMM Incorporated				San Diego, CA					
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🔘 Government									
ia. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shows								kown above)	
☐ Publication Fee (No small entity discount permitted) ☐ Payment by on					ses. lit card. Form PTO-2038 is attached.				
					BThe Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 170026 (enclose an extra copy of this form).				
. Change in Entity Status O a. Applicant claims S			ČER 133	🗆 b. Applicant is no long	ier eleimine SASAI	i extert	renture San 27 (19)	D. 3.776-V2\	
OTE: The Issue Fee and I	ublication Fee (if requ	ired) will	sot be accepted	from anyone other than the					
Authorized Signature		maantaananaa	·····		Date	June	11, 2008	***************************************	
Typed or printed name Kenyon S. Jenckes				Registration No. 41,873					
his collection of information application. Confidential ubmitting the completed a his form and/or suggestion for 1450, Alexandria, Virgulary 22313	on is required by 37 Cliffy is governed by 35 pplication form to the s for reducing this hur pinis 22313-1450. DO -1450.	FR 1311 U.S.C. 12 USPTO. den, shou NOT SE	. The information 122 and 37 CFR 1 Time will vary like the sent to the ND FEES OR C	n is required to obtain or r .14. This collection is est depending upon the indiv Chief Information Office OMPLETED FORMS TO	etain a benefit by the imated to take 12 m idual case. Any cor r, U.S. Patent and T ) THIS ADDRESS.	e public winutes to coments on rademark SEND TO	hich is to file (and somplete, including the amount of time of the commissioner for the commi	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.